

September 28, 2012

Montana Health Care Programs Notice

Therapeutic Family Care (TFC), Therapeutic Foster Care (TFoC), and Licensed Mental Health Centers

Documenting Medical Necessity for Therapeutic Family Care (TFC) and Therapeutic Foster Care (TFoC)

Effective October 1, 2012, the Children's Mental Health Bureau (CMHB) is no longer requiring a prior authorization for Therapeutic Family Care – Moderate (TFC-M) level and Therapeutic Foster Care moderate (TFoC-M). **Therapeutic Foster Care Permanency (TFoC-P) continues to require prior authorization.**

The Department will monitor medical necessity through retrospective reviews.

All guidelines for TFC-M, TFoC-M, and TFoC-P are in the Children's Mental Health Bureau's *Provider Manual and Clinical Guidelines for Utilization Management* manual at www.dphhs.mt.gov/publications/cmhbprovidermanualandclinicalmanagementguidelines.pdf.

To demonstrate medical necessity for TFC-M and TFoC-M, the youth's chart must demonstrate all admission criteria are met. Since these services do not require prior authorization, continued stay criteria is the same as admission criteria.

Medical Necessity Criteria for TFC-M and TFoC-M

Youth must meet all 5 of the criteria which include.

1. A covered SED DSM-IV-TR diagnosis as the primary diagnosis and identification of the youth as having a serious emotional disturbance, for youth 6 through 17th year or 19th year if still in secondary school;
2. As a result of the youth's SED diagnosis in 1. and for a period of at least six months, or for a predictable period over six months the youth consistently and persistently demonstrates behavioral abnormality in two or more following spheres, to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors:

For Youth 6 through 17th Year or 19th Year if Still in Secondary School

- a) Has failed to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
- b) Has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships;
- c) Has failed to demonstrate a developmentally appropriate range and expression of emotion or mood;

- d) Has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic, or recreation settings;
- e) Has displayed behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or
- f) Has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

For Youth Under Age 6

SED with respect to a youth under six years of age means the youth exhibits a severe behavioral abnormality that cannot be attributed to intellectual, sensory, or health factors and that results in substantial impairment in functioning for a period of at least six months and obviously predictable to continue for a period of at least six months, as manifested by one or more of the following:

- a) Atypical, disruptive, or dangerous behavior which is aggressive or self-injurious;
 - b) Atypical emotional responses which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations;
 - c) Atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent, or hypersexual;
 - d) Lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction;
 - e) Indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child; or
 - f) Inappropriate and extreme fearfulness or other distress which does not respond to comfort by care givers.
3. Outpatient interventions have been attempted and have been documented to be insufficient to meet the youth's needs and safety concerns;
 4. There is a comprehensive and viable discharge plan with an estimated length of stay.
 5. Additional criteria: youth must meet at least (3) of the following (4) criteria:
 - a) Symptoms of the youth's emotional disturbance or mental illness are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient mental health service;
 - b) The youth exhibits behaviors related to the covered diagnosis that result in significant risk for psychiatric hospitalization or placement in a more restrictive environment if therapeutic family care is not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a less restrictive setting;
 - c) As a result of the serious emotional disturbance, the youth exhibits an inability to perform daily living activities in a developmentally appropriate manner;
 - d) The youth is transitioning from an out of home placement to a community setting and there is clinical evidence that less-intensive treatment will not be sufficient to prevent clinical deterioration, to stabilize the disorder, to support effective rehabilitation or to avert the need to initiate or continue a more intensive level of care due to current risk to the youth or others.

Medical Necessity Criteria for TFoC-P

Youth must meet all **3** of the following criteria:

1. A covered SED DSM-IV-TR diagnosis as the primary diagnosis and identification of the youth as having a serious emotional disturbance, for youth 6 through 17th year or 19th year if still in secondary school;
2. As a result of the youth's SED diagnosis in 1, and for a period of at least six months, or for a predictable period over six months the youth consistently and persistently demonstrates behavioral abnormality in two or more following spheres, to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors:

For Youth 6 through 17th Year or 19th year if still in secondary school

- a) Has failed to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;
- b) Has failed to demonstrate or maintain developmentally and culturally appropriate peer relationships;
- c) Has failed to demonstrate a developmentally appropriate range and expression of emotion or mood;
- d) Has displayed disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic, or recreation settings;
- e) e) has displayed behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or
- f) f) has displayed behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

For Youth under Age 6

SED with respect to a youth under six years of age means the youth exhibits a severe behavioral abnormality that cannot be attributed to intellectual, sensory, or health factors and that results in substantial impairment in functioning for a period of at least six months and obviously predictable to continue for a period of at least six months, as manifested by one or more of the following:

- a) Atypical, disruptive, or dangerous behavior which is aggressive or self-injurious;
 - b) Atypical emotional responses which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations;
 - c) Atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent, or hypersexual;
 - d) Lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction;
 - e) Indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child; or
 - f) Inappropriate and extreme fearfulness or other distress which does not respond to comfort by care givers.
3. The youth requires intensive care as a result of mental health symptoms and significant behavior problems. The youth must meet at least **4** of the CON criteria. This level of care is provided in therapeutic foster homes.

CON Criteria

1. Symptoms of the youth's emotional disturbance or mental illness are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient mental health service;
2. The youth exhibits behaviors related to the covered diagnosis that result in significant risk for psychiatric hospitalization or placement in a more restrictive environment if therapeutic family care is not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a less restrictive setting;
3. The prognosis for treatment of the youth's mental illness or emotional disturbance at a less intensive level of care is very poor because the youth demonstrates three or more of the following due to the emotional disturbance or mental illness:
 - a) Significantly impaired interpersonal or social functioning;
 - b) Significantly impaired educational or occupational functioning;
 - c) Impairment of judgment;
 - d) Poor impulse control;
4. As a result of the serious emotional disturbance, the youth exhibits an inability to perform daily living activities in a developmentally appropriate manner;
5. As a result of the emotional disturbance or mental illness, the youth exhibits maladaptive or disruptive behavior that is developmentally inappropriate.

Continued Stay Criteria for Permanency Level of TFoC

The youth must continue to meet all of the admission criteria. In addition, all of the following criteria must be met:

1. The youth and family are engaged in treatment and making progress toward treatment goals;
2. The youth's symptoms do not require a more intensive level of care but have demonstrated they are severe enough that a less intensive level of care would be insufficient to meet treatment needs.
3. Demonstrated and documented progress is being made on the comprehensive discharge plan. If changes are made to the discharge plan or date, the provider must give the rationale for the change.

Contact Information

If you have questions regarding this provider notice, contact Jamie Olsen Stolte, Program Officer, at (406) 444-7392 or jstolte@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.